

**Hamalainen 2010**

<b>Clinical features and settings</b>	Adult (18 to 70 years) cancer patients who either had AML or received high dose chemotherapy supported by autologous stem cell transplant (ASCT). All were admitted to a single haematology ward between 2006 to 2008. Only patients with neutropenia and fever were included
<b>Participants</b>	94 FN episodes in 70 patients, Median age was 56 years. 19 had AML and 51 were ASCT recipients. 13/94 episodes involved severe sepsis.
<b>Study design</b>	Prospective observational study. Consecutive sample. Finland
<b>Target condition and reference standard(s)</b>	Severe sepsis: defined as a clinical syndrome in which systemic inflammatory response was present with infection. If sepsis was complicated by organ dysfunction, hypoperfusion or hypotension, despite adequate volume resuscitation and in the absence of other causes of hypotension it was defined as severe sepsis.
<b>Index and comparator tests</b>	The first samples for the measurement of CRP and NT-proBNP were taken at the beginning of neutropenic fever (d0). Further samples were taken every day until day 5 of the fever.  Median and range of CRP was reported for severe and non-severe sepsis
<b>Follow-up</b>	

<b>Notes</b>	
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